

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/17/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29C0001039		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/02/2008	
NAME OF PROVIDER OR SUPPLIER GREAT BASIN SURGICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 822 GOLF COURSE RD ELKO, NV 89801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
Q 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Medicare Re-certification Survey conducted at your facility on 4/1/08 and 4/2/08. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:			Q 000			
Q 021	416.45(b) REAPPRAISALS Medical staff privileges must be periodically reappraised by the ambulatory surgical center. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to reappraise the medical staff privileges as required by their policy for 1 of 14 physicians. (Physician #1) Findings include: Record review revealed that Physician #1's last medical staff privilege reappraisal was done on 4/20/05. On 3/25/08, the facility administrator was interviewed and stated that the physician was in Iraq at the time the reappraisal was to be completed. She stated that the physician had returned to the facility in February of 2008. She reported that multiple requests had been made to the physician asking for him to fill out the required forms for reappraisal of his privileges. She stated that he had not completed the required forms as			Q 021			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 021	Continued From page 1 of 4/2/08. She stated that medical staff privileges are reappraised every two years.	Q 021			